

**QUALITY CONTROL NEGATIVE CASE ACTION  
WORKSHEET/REVIEW SCHEDULE**

3. Case Number

This report is required under provision of 45 CFR 205.4. Failure to report may result in a finding of noncompliance with State plan requirements. This information is needed for the review of State performance in the denial of termination of benefits.

1. Case Name:

2. Address:

Telephone No.:

4. Date Assigned:

5. Date Completed:

6. Review Month

7. Reviewer's Name or Number:

**I--IDENTIFYING INFORMATION**

A. Status code

B. Local Agency Code

C. Review Number

D. Date of agency decision

E. Effective date of agency action

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F. Category

(Check one)

1.

☐

AFDC

2.

☐

Medicaid

3.

☐

Adult

☐

23

G. Type of Action

*If this is a "listed in error" action skip to Item K*

(Check one)

1.

☐

Application denied or otherwise disposed of

2.

☐

Assistance terminated

☐

24

**II--CASE RECORD ANALYSIS**

H. Advance notice and hearing requirements (Check one)

1.

☐

Complied with

Not

complied

2.

☐

Notice not sent

4.

☐

Assistance terminated  
while under appeal

☐

25

9.

☐

Not applicable

with

3.

☐

Assistance terminated prior  
to expiration of notice period

I. (a) Specify recorded reason(s) for action (code primary reason, if more than one)

26 27

Specify recorded substantiation for actions:

(b) Eligibility requirements (Check one)

28

1.

☐

Reason for action  
correct

Unable to determine from case record analysis

2.

☐

Reason for action  
incorrect

3.

☐

Facts not relevant  
or complete

4.

☐

Facts not  
recorded

5.

☐

Facts not  
substantiated

*if Item (b) 1 or 2 is checked, no further entries are required on this schedule.*

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### III--RESULTS OF FIELD INVESTIGATION

J. Limited field investigation (check one and complete Section IV)

☐  
29

1. ☐ Reason for action  
correct

2. ☐ Reason for action  
incorrect

3. ☐ Unable to determine

*If Item 1 or 2 is checked, no further entries in Section III are required.*

K. Reason for inability to complete the review of field investigation (Check one)  
(Complete this item if item J is checked OR if this is a listed in error action.)

☐  
30

1. ☐ Listed in error

2. ☐ Moved out of state

3. ☐ Unwilling to give information

4. ☐ Unable to locate

5. ☐ Other (explain)

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### IV--FIELD INVESTIGATION WORKSHEET AND EXPLANATION OF ERROR

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